READ INSTRUCTION	S ON BACK			2005 FORM PLS-OR-1	
	*Initial filir	ng, Annual Refiling, Organization			
		COMPLETE ENTIRE FOR	RM		
Purpose of Filing	( ) Initial Filing	ORGANIZATION REPORT	oo Only	2. OOC Code Number	
1. Fulpose of Filling	<ul><li>( ) Annual Refiling</li><li>( ) Organization Name Chang</li></ul>	( ) Change of Addres	SS Offig	2. OOC Code Number	
3. Type of Operation	Gas Transmission     Gas Gathering	( ) Municipal     ( ) Gas Utility District	Master Meter     Direct Sales	3a. Initial Date of LA Operation	
4. Organization - Name	( ) Hazardous Liquid	Privately Owned Distribution	tion 5. Address for Official Correspo	andones including Citations	
4. Organization - Ivanie	x wailing Address		J. Address for Official Coffespo	nuence including Citations.	
(A) Contact Person for C	Organization		Contact Person( must be a V.P	or higher for privite entity)	
(B) Contact Person in ca	ase of Emergency:		Name / Title:	1	
Phone No.:	<b>5</b> ,		Phone No.:		
Fax No.:			Fax No.:		
E-Mail Address:			E-Mail Address:		
6. Current Plan of Organ	nization (Select ONE ONLY)		•		
Corporation - Sta     Individual	ate where incorporated:  ( ) Trust	( ) Partnership ( ) Joint Venture	e ( ) Other		
7. Three Primary Officer	S (Only one necessary if individua	al, if government enity leave blank)	COMPANY FEDERAL TAX ID NO.		
(1) Name:					
Address:		Title:			
(2) Name:					
Ĭ		T''			
Address:		Title:			
(3) Name:					
Address:		Title:			
	DOT SPECIALIST & BILLING C		ns)		
Name:	ation name, give previous name	No.	Eff. Date:		
	ization shall notify this Office, in wri				
bankruptcy under any Cha The notification will indicat	pters of Title 11 (Bankruptcy) of the ethe name of the court and date o	e United States Code (11 U.S.C.) of filing.	by or against.		
REPORT, THAT THIS R		ME OR UNDER MY SUPERVIS	HAT I AM AUTHORIZED TO MAKE SION AND DIRECTION, AND TH/ DWLEDGE.		
P	RINTED NAME	TITLE	≣	DATE	
	SIGNATURE	TELEPHONE No.:			
FOR OOC USE ONLY	1				
	_				
DATE:	APPROVED E	3Y:			

## **INSTRUCTIONS**

Form PLS-OR-1: Organization Report

WHO IS TO FILE FORM PLS-OR-1: Each entity performing operations within the jurisdiction of the Office of Conservation.. A separate Form PLS OR-1 must be filed for each type of operation.

WHEN TO FILE FORM PLS-OR-1: Form PLS-OR-1 must be filed prior to beginning the first operation that is within Office of Conservation jurisdiction or when an organization name is being changed. Initial filing shall be valid for the first calendar year.

Form PLS-OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form PLS-R-1. **THIS FORM MUST BE COMPLETED IN IT'S ENTIRETY**. SIGN and DATE the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

**ADDRESS INSTRUCTIONS**: Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.

## **SPECIFIC ITEMS ON FORM PLS-OR-1:**

- 1. Check the proper block to show the purpose of filing.
- 2. Your permanent code number is assigned upon initial filing of your PLS-OR-1. If you change your organization name, a new number will be assigned, do not give your previously assigned OOC Code Number in this space (See No. 9). Please see your bill for the OOC Code #.
- 3. Check proper block to show type of operation. A separate Form PLS-OR-1 must be filed for each type of operation.
  - 3a. Please indicate the Initial Date of Operation in Louisiana.
- 4. This is the official name of your organization as carried on Office of Conservation records. ADDRESS, ALONG WITH AN EMERGENCY CONTACT, PHONE NUMBER, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED
- 5. Address to which Official Correspondence should be directed, the Contact Person, telephone number, fax number and e-mail address.
- 6. Check the appropriate plan of organization. Select one only.
- 7. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name (**AGENTS NOT ACCEPTABLE**). Do not attach a listing of any others. The street address for each Officer **MUST** be different from that shown for the organization in No. 4. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 4. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
- 8. Complete Page 2 as an option of organization address for DOT Compliance Specialist and Billing Correspondence. Otherwise, such correspondence will be directed to the address provided at No. 5. Each name and address line is limited to 30 spaces in length. Each name is limited to one line, while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
- 9. If you have changed your organization name, give the previous name of the organization , as well as the previously assigned OOC Code Number.

IF YOU HAVE ANY QUESTIONS PLEASE CALL (225) 342-5505.

RETURN TO:
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION - PIPELINE DIVISION
P.O. BOX 94275
BATON ROUGE, LA. 70804-9275

Office of Conservation	n (OOC) Code Number:
Organization Name:	
	(To be completed by Pipeline Operators)
	H DOT COMPLIANCE SPECIALIST & ANNUAL REPORT E SHOULD BE DIRECTED:
CONTACT PERSON:	
PHONE NUMBER:	/ AREA CODE NUMBER
FAX NUMBER:	
E-MAIL ADDRESS:	AREA CODE NUMBER
ADDRESS TO WHICH DIRECTED:	(To be completed by Pipeline Operators)  H USER FEE & BILLING CORRESPONDENCE SHOULD BE
CONTACT PERSON:	
PHONE NUMBER:	/
FAX NUMBER:	AREA CODE NUMBER /
E-MAIL ADDRESS:	AREA CODE NUMBER

## **INSTRUCTIONS:**

This form is to be filed **annually**. Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.